

NOTIFICATION OF DEATH

Discharge request from SAIL: ___ TCM ___ CSP ___ CBRF ___ DTM ___ THP ___ OP
Wiser Choice: ___ RSC/CMASS ___ Residential ___ Day Treatment ___ Outpatient ___ Ancillary
(Wiser Choice agencies still need to complete the Discharge Form, except Ancillary providers)

Consumer: _____ **MR/Client #:** _____

Gender: ☐ Male ☐ Female Date of Birth: _____ Age: _____

RU#: _____ Provider Agency: _____

Agency Admission Date: _____ Agency Contact & Phone #: _____

Date of Death (If Known): _____ Date of Agency's Discovery of Death: _____

Cause of Death (If Known): ☐ Natural ☐ Suicide ☐ Homicide ☐ Unknown ☐ Other _____

I. Circumstances of Death (location, anticipated/unanticipated): _____

Describe Actions Taken: _____

Notifications Made: _____ Coroner / Medical Examiner
_____ Sheriff / Police
_____ State of WI DHSS Client/Patient Death Determination
(Please attach copy of completed form)

II. Diagnoses

Axis I. _____

Axis II. _____

Axis III. _____

III. Current Behavioral Health Condition / Treatment

A. List of Most Recent Medications: _____

Medications Changes within the Last Seven Days: _____

B. Current Service Delivery (Include Frequency, Intensity, Type and Date of Last Contact): _____

C. Describe any Significant Changes in Client's Behavioral Health in the Last Month based on Observed or Reported Symptoms and Behaviors: _____

Name _____

D. Any Evidence that Client was Having Suicidal Thoughts in the Last Month? (If Yes, Please Explain): _____

IV. Other Factors

A. Medical / physical health problems (If Known): _____

Last medical appointment (If Known): _____

B. Self care / Community Living Problems (Include safety, nutrition, judgment, vulnerability): _____

C. Risk behaviors (Include self-harm, suicide, dangerousness to self and/or others, substance abuse, antisocial, criminal): _____

Name of Staff Reporting

Signature

Date

Name of Clinical Supervisor

Signature

Date

For Community Service Branch use only:

Impression: _____

Recommendations: _____

SAIL Service Manager _____ **Date** _____
signature